



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V

111 West Jackson Blvd.  
CHICAGO, ILLINOIS 60604

*file*  
REPLY TO ATTENTION OF:  
RCRA ACTIVITIES

DEC 9 1982

MICHALSKI DONALD PRESIDENT  
COMMERCE INDUSTRIAL CHEMICALS INC  
5611 WEST WOOLWORTH AVE  
MILWAUKEE WI 53218  
FACILITY: 5611 WEST WOOLWORTH AVE  
LOCATION: MILWAUKEE WI 53218  
ID NO.: WIT560010035

Dear Applicant:

RE: U.S. EPA Identification Number Change

This is to inform you that the United States Environmental Protection Agency (U.S. EPA) will be changing your temporary (T) identification number to a permanent (D) one. The label below shows your current temporary number as "OLD T NO." and the new permanent number as "NEW D NO."

OLD I.D. NO.: WIT560010035

NEW I.D. NO.: WID980795181

In order to provide your facility with adequate time to convert to the permanent U.S. EPA identification number, we will make the change in our computer system effective January 1, 1983. This will allow you to use your temporary identification number until the end of the calendar year and, thus, cover all 1982 hazardous waste handled under one number for your annual report.

We have coordinated the identification number change with your State hazardous waste management office. The State has a listing of your old and new numbers.

Please contact Mr. Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions regarding this matter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

cc: Facility owner



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V

111 West Jackson Blvd.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:  
RCRA ACTIVITIES

JUN 21 1982

Donald Michalski, President  
Commerce Industrial Chemicals Inc  
5611 West Woolworth Avenue  
Milwaukee, Wisconsin 53218

RE: Interim Status Acknowledgement USEPA ID No. WI T560010035  
FACILITY NAME: Commerce Industrial Chemicals Inc.

Dear Mr. Michalski:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for interim status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for interim status. Our opinion will be reevaluated on the basis of this information.

The State of Wisconsin has received Phase I interim authorization under Section 3006 of RCRA. Because of this authorization you are required to comply with standards prescribed in the Wisconsin Administrative Code, NR-181, in lieu of the standards in 40 CFR 265. In addition, you are reminded that operating under interim status does not relieve you of the need to comply with other applicable Federal, State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from the Part A permit application that was sent to USEPA. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR 122.23 and as State regulations allow.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR 122.23; your facility may operate under interim status until such time as an RCRA permit is issued or denied. This will be preceded by a request from this office or the Wisconsin Department of Natural Resources for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosure

P.K.  
6/21/82



PLEASE PLACE LABEL IN THIS SPACE

**FOR OFFICIAL USE ONLY**

## COMMENTS

[illegible]

INSTALLATION'S EPA I.D. NUMBER												APPROVED		DATE RECEIVED (yr, mo, & day)							
9												11	5								
F													1								
1	2											17	14	77		16		17			23

[illegible]

II. INSTALLATION MAILING ADDRESS																										
STREET OR P.O. BOX																										
C	3	5	6	1	1	W	E	S	T	W	O	O	L	W	O	R	T	H	A	V	E	N	U	E		
10	10																									
CITY OR TOWN																				ST.	ZIP CODE					
M	I	L	W	A	U	K	E													W	I	5	3	2	1	8

<b>III. LOCATION OF INSTALLATION</b>																																
<b>STREET OR ROUTE NUMBER</b>																																
C																																
5	3	4	2	0		W	E	S	T		M	I	L	L		R	O	A	D													
16	16																								65							
<b>CITY OR TOWN</b>																							<b>ST.</b>		<b>ZIP CODE</b>							
C																																
6	M	I	L	W	A	U	K	E	E																							
16	16																								W		I	5	3	2	0	9

IV. INSTALLATION CONTACT		NAME AND TITLE (last, first, & job title)		PHONE NO. (area code & no.)	
2	MICHALSKI, DONALD PRESIDENT	4	14-353-3630		

[illegible]

<b>D. TYPE OF OWNERSHIP*</b> (enter the appropriate letter into box)		<b>VI. TYPE OF HAZARDOUS WASTE ACTIVITY</b> (enter "X" in the appropriate box(es))	
<b>F = FEDERAL</b> <b>M = NON-FEDERAL</b>	<b>M</b>	<input checked="" type="checkbox"/> <b>A. GENERATION</b> <input type="checkbox"/> <b>C. TREAT/STORE/DISPOSE</b>	<input checked="" type="checkbox"/> <b>D. TRANSPORTATION</b> (complete item VI) <input type="checkbox"/> <b>E. UNDERGROUND INJECTION</b>

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR      ☐ B. RAIL      ☒ C. HIGHWAY      ☐ D. WATER      ☐ E. OTHER (specify):

**II. FIRST OR SUBSEQUENT NOTIFICATION**

Mark "X" in the appropriate box to indicate whether this is your Installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

<input type="checkbox"/> A. FIRST NOTIFICATION	<input checked="" type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)	<div style="border: 1px solid black; padding: 2px;">         C. INSTALLATION'S EPA I.D. NO.       </div> <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">         W I D 0 2 3 3 7 6 8 8 4       </div>
--	--	--

**IX. DESCRIPTION OF HAZARDOUS WASTES**

Please go to the reverse of this form and provide the requested information.



**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

	1		2		3		4		5		6
	23 - 24		23 - 24		23 - 24		23 - 24		23 - 24		23 - 24
	7		8		9		10		11		12
	23 - 24		23 - 24		23 - 24		23 - 24		23 - 24		23 - 24

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

12	14	15	16	17	18
21 - 26	22 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
25 - 26	25 - 26	25 - 26	25 - 26	25 - 26	25 - 26
28	29	27	28	29	30
22 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
4002	4159	4220			
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

[illegible]

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 4. TOXIC  
(D000)

### X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

DATE SIGNED

11/16/82



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

~~WIT560010035~~

REACKNOWLEDGEMENT

INSTALLATION ADDRESS

COMMERCE INDUSTRIAL CHEMICALS INC  
5611 W WOOLWORTH AVE  
MILWAUKEE

WI 53218

5611 W WOOLWORTH AVE  
MILWAUKEE

WI 53218



U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITYINSTALLATION'S EPA  
I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION  
MAILING  
ADDRESS

PLEASE PLACE LABEL IN THIS SPACE

000125 AUG 25 80

III. LOCATION  
OF INSTALLATION

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## FOR OFFICIAL USE ONLY

## COMMENTS

C WID980795/81

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED  
(yr., mo., & day)

F WIT5600100352

A

800818

I. NAME OF INSTALLATION

C O M M E R C E I N D U S T R I A L C H E M I C A L S , I N C .

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

C 35611 WEST WOOLWORTH AVENUE

CITY OR TOWN

ST.

ZIP CODE

C 4 M I L W A U K E E W I 5 3 2 1 8

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

C 55611 WEST WOOLWORTH AVENUE

CITY OR TOWN

ST.

ZIP CODE

C 6 M I L W A U K E E W I 5 3 2 1 8

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

C 2 M I C H A L S K I , D O N A L D P R E S I D E N T 4 1 4 - 3 5 3 - 3 6 3 0

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

C 8 D O N A L D J . M I C H A L S K I

B. TYPE OF OWNERSHIP  
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL  
M = NON-FEDERAL

M

☒ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

WID980795/81

C. INSTALLATION'S EPA I.D. NO.

WIT560010035

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



W WITS6001003521

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 1 7 23 - 26	2 F 0 0 1 23 - 26	3 F 0 0 2 23 - 26	4 F 0 0 3 23 - 26	5 F 0 0 4 23 - 26	6 F 0 0 5 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 K 0 7 8 23 - 26	14 K 0 8 6 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P 1 0 0 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME &amp; OFFICIAL TITLE (type or print)

DATE SIGNED

Donald J. Michalski President

8/18/80

# COMMERCE Industrial Chemicals Inc.

5611 W. WOOLWORTH AVE.  
MILWAUKEE, WIS. 53218



PHONE: (414) 353-3630

*"A Solvent For Every Purpose"*

December 20, 1982

USEPA Region V  
111 W. Jackson Blvd.  
Chicago, IL 60604  
Attn: Mr. Rick Karl

Dear Mr. Karl:

Enclosed is a revised page 3 of our recently revised Part A application.

Mr. Jim Schmidt of the Wisconsin DNR advised us that part IV "Description of hazardous wastes" was incorrect by having U-list code numbers in section A. We have incorporated the amounts from the U-list into the F-list materials.

Also, part D section 1 "Process codes" was incorrect by having "SO2" storage in tanks. The only tank we have is a 118 gallon tank which is an integrated part of our incinerator, housed within the console of the incinerator. It will be used only as a means of processing material through the incinerator, never as a storage tank.

Yours very truly,

  
Harriet L. Pedersen

HLP:me  
Enclosure  
cc: Mr. Jim Schmidt Wis. DNR

DISTRIBUTORS OF



SOLVENTS AND ALCOHOLS



#### V. DESCRIPTION OF HAZARDOUS WASTES (continued)

EPA I.D. NO. (enter from page 1)													
S											T/A	C	
F	W	I	T	5	6	0	0	1	0	0	3	5	6

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

[illegible]

**B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:**

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX										4. CITY OR TOWN										5. ST.		6. ZIP CODE			

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

**B. SIGNATURE**

C. DATE SIGNED

12-17-82

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

**B. SIGNATURE**

C. DATE SIGNED



Continued from the front.

**V. DESCRIPTION OF HAZARDOUS WASTES (continued)**

USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F W I T 5 6 0 0 1 0 0 3 5 6

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**V. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

8 8 5 8 15

4 3 0 8 0 0

**VIII. FACILITY OWNER**

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Donald J. Michalski

12-17-82

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED



V. FACILITY DRAWING (see page 4)





FORM 1		U.S. ENVIRONMENTAL PROTECTION AGENCY		EPA I.D. NUMBER	
GENERAL		GENERAL INFORMATION		F. WIT 560010035	
C. LABEL ITEMS		Consolidated Permits Program (Read the "General Instructions" before starting.)		D	
I. EPA I.D. NUMBER		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
III. FACILITY NAME				If a preprinted label has been provided, affix it in the designated space. Review the information carefully. If any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS		INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.			
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		YES	NO	FORM ATTACHED	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		16	17	18	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		28	29	30	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		34	35	36	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)
III. NAME OF FACILITY		MARK 'X'			
1 SKIP Commerce Industrial Chemicals, Inc.		YES	NO	FORM ATTACHED	
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)			
2 Michalski, Donald President		414 353 3630			
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 5611 W. Woolworth Ave.					
B. CITY OR TOWN		C. STATE		D. ZIP CODE	
4 Milwaukee		WI		53218	
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5611 W. Woolworth Ave.					
B. COUNTY NAME					
Milwaukee					
C. CITY OR TOWN		D. STATE		E. ZIP CODE	
6 Milwaukee		WI		53218	
				F. COUNTY CODE (if known)	

CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	2869	(specify)	Industrial Organic Chemicals	7	2816	(specify)	Inorganic Pigments
C. THIRD				D. FOURTH			
7		(specify)		7		(specify)	

## VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII.A also the owner?	
8	Donald J. Michalski									<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)	
F - FEDERAL	M - PUBLIC (other than federal or state)	P - PRIVATE	S - STATE	O - OTHER (specify)	P	(specify)	A	414	774	8580	
E. STREET OR P.O. BOX											
7033 W. Wells Street											
F. CITY OR TOWN						G. STATE		H. ZIP CODE		IX. INDIAN LAND	
Bauwatoso						WI		53212		Is the facility located on Indian lands?	
										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
C	T	I								C	T	I							
9	N									9	P								
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
C	T	I								C	T	I							(specify)
9	U									9									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
C	T	I								C	T	I							(specify)
9	R									9									

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

We are a non manufacturing distributor of the above listed industrial organic chemicals and inorganic pigments

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Donald J. Michalski				11-18-82	

## COMMENTS FOR OFFICIAL USE ONLY

C																			
C																			



FORM

U.S. E

ENVIRONMENTAL PROTECTION AGENCY

EPA I.D. NUMBER



## HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

FWIT 560 010 035

RCRA

## FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)
23	24

COMMENTS

WID 980795181

## II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

## A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

YR.	MO.	DAY
73	74	75

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY
73	74	75

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

## B. REVISED APPLICATION (place an "X" below and complete Item I above)

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

## III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
<b>Disposal:</b>		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

**Treatment:**

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

B. PROCESS DESIGN CAPACITY										B. PROCESS DESIGN CAPACITY									
LINE NUMBER	A. PROCESS CODE (from list above)	1. AMOUNT (specify)					2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	1. AMOUNT					2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY		
		16	17	18	19	20					21	22	23	24	25			26	27
X-1	S02	600					G		5										
X-2	T03	20					E		6										
1	S01	22,000					G		7										
2	S02	100					G		8										
3	T03	150					U		9										
4									10										

### III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

### IV. DESCRIPTION OF HAZARDOUS WASTES

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

<b>ENGLISH UNIT OF MEASURE</b>	<b>CODE</b>	<b>METRIC UNIT OF MEASURE</b>	<b>CODE</b>
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

##### 1. PROCESS CODES:

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA ID. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
WIT560010035										W DUP									
T/A C 1										T/A C 2 DUP									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)										D. PROCESSES									
EPA WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)			B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
	23	24	25			26	27	28	29	30	31		32						
1	DO	01		396,000	P	S01	S02	T03											
2	FO	01		12,000	P	S01													
3	FO	02		12,000	P	S01													
4	FO	03		77,000	P	S01	S02	T03											
5	FO	05		77,000	P	S01	S02	T03											
6	K0	86		100	P	S01													
7	U0	02		11,000	P	S01													
8	U1	59		15,000	P	S01													
9	U2	20		8,000	P	S01													
10																			
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25																			
26																			

# IV. DESCRIPTION OF HAZARDOUS SITES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

FWIT 560010035 6

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

88 58 15

LONGITUDE (degrees, minutes, & seconds)

43 08 00

## VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

E

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

F G

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Donald J. Michalski

*Donald J. Michalski*

11-18-82

## X. OPERATOR CERTIFICATION

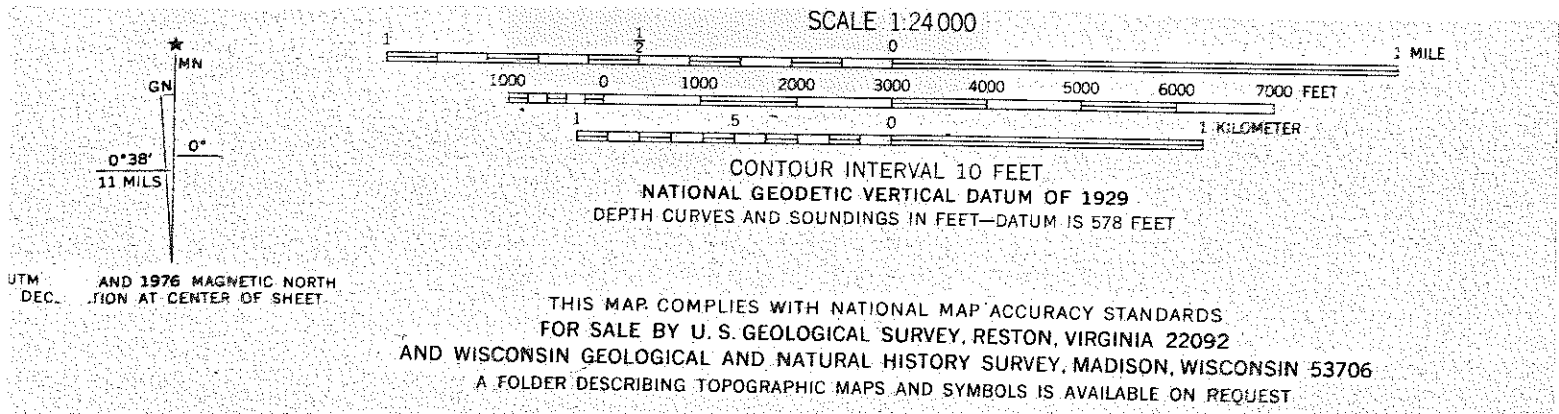
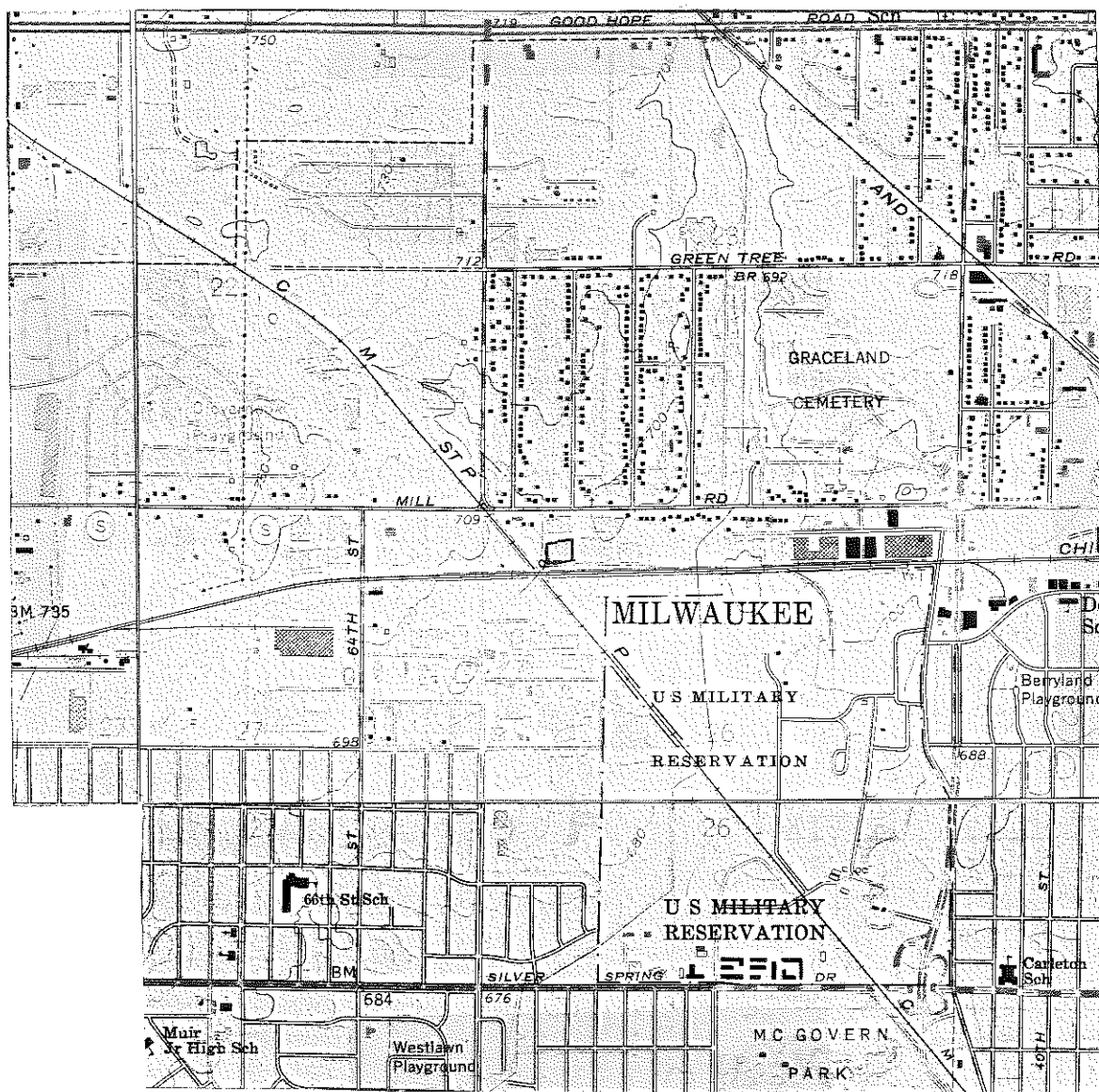
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED





North Line of said 1/4 Section which is 544.00 ft. due West of the Northeast corner of the West 1/2 of said 1/4 Section; thence South 01° 08' 00" West and parallel to the East line of the West 1/2 of said 1/4 Section 348.73 ft. to the point of beginning of the land herein described;

continuing thence South 01° 08' 00" West and parallel to the East line of the West 1/2 of said 1/4 Section 301.71 ft. to a point in the North line of the Chicago and Northwestern Railroad right of way; thence North 88° 53' 46" East along the North Line of the Chicago and Northwestern Railroad right of way 261.90 ft. to a point; thence North 01° 07' 40" West 301.48 ft. to a point; thence South 88° 53' 46" West and parallel to the North line of the Chicago and Northwestern Railroad right of way 250.00 ft. to the point of beginning.

February 9, 1960

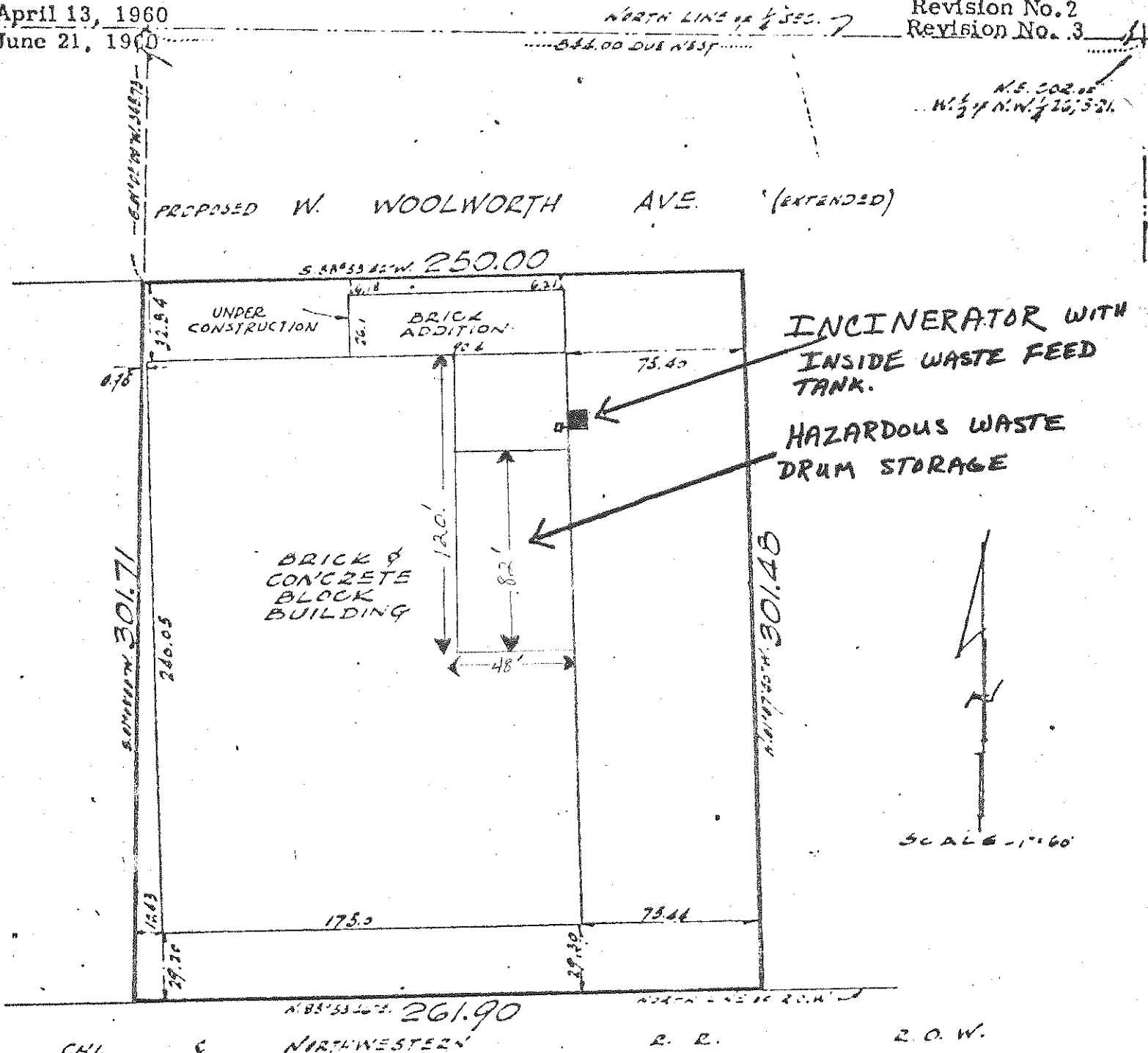
April 13, 1960

June 21, 1960

Survey No. 92342-3

Revision No. 2

Revision No. 3



We Certify that we have surveyed the above described property and that the above plat is an accurate survey and a true representation thereof and correctly shows the exterior boundary lines and location of buildings and other improvements on said property and the correct measurements thereof.



45

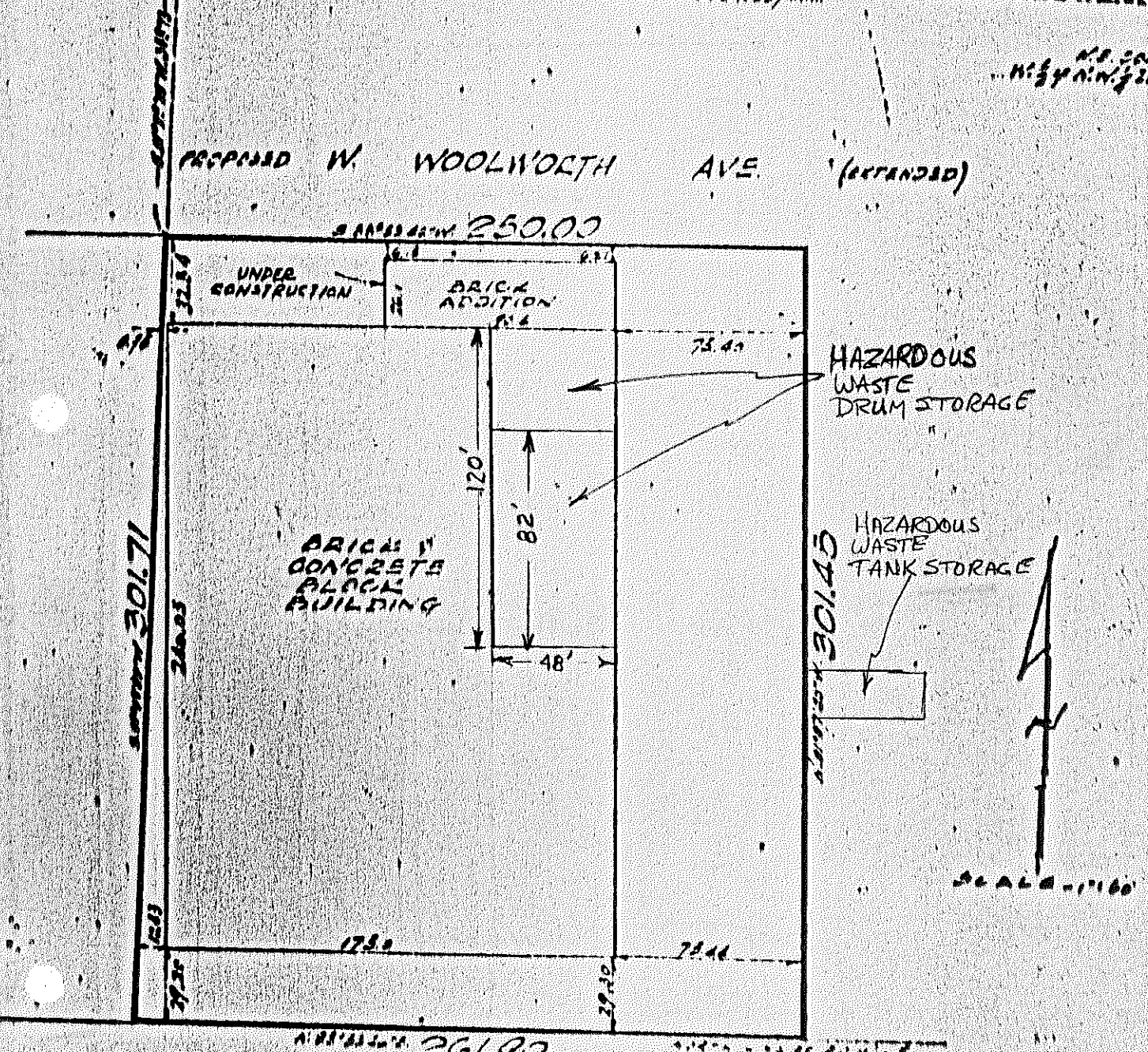
North line of said 1/4 Section which is 541.00 ft. due West of the northeast corner of the West 1/2 of said 1/4 Section; thence South 01° 08' 00" West and parallel to the East line of the West 1/2 of said 1/4 Section 348.73 ft. to the point of beginning of the land herein described;

continuing thence South 01° 08' 00" West and parallel to the East line of the at 1/2 of said 1/4 Section 301.71 ft. to a point in the North line of the Chicago and Northwestern Railroad right of way; thence North 88° 53' 46" East along the North line of the Chicago and Northwestern Railroad right of way 261.00 ft. to a point; thence North 01° 07' 40" West 301.48 ft. to a point; thence South 88° 53' 46" West and parallel to the North line of the Chicago and Northwestern Railroad right of way 250.00 ft. to the point of beginning.

February 9, 1900

April 13, 1960  
 June 21, 1960

Survey No. 02342-1  
 Revision No. 2  
 Revision No. 3



WE CERTIFY that we have surveyed the above described property and that the above plat is an accurate survey and a true representation thereof and correctly shows the exterior boundary lines and location of buildings and other improvements on said property and the correct measurements thereof.

C. C. M.

# COMMERCE *Industrial Chemicals Inc.*

5611 W. WOOLWORTH AVE.  
MILWAUKEE, WIS. 53218

PHONE: (414) 353-3630



*"A Solvent For Every Purpose"*

November 18, 1982

Department of Natural Resources  
9722 W. Watertown Plank Rd.  
Milwaukee, WI 53213  
Attn: Mr. Jim Schmidt

Dear Mr. Schmidt:

Enclosed is our revised Part A application for our facility located at 5611 W. Woolworth Ave. in Milwaukee, ID #WIT 560010035. It has been changed to include our proposed incineration operation.

Should you require more information, please contact me.

Yours very truly,

  
Harriet Pedersen

HLP:me  
Enclosure

cc: USEPA Region V  
Mr. Rick Karl

RECEIVED

NOV 22 1982

WASTE MANAGEMENT BRANCH  
EPA REGION V

DISTRIBUTORS OF **SHELL** SOLVENTS AND ALCOHOLS



FORM 1  
GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY  
**GENERAL INFORMATION**  
Consolidated Permits Program  
(Read the "General Instructions" before starting.)

EPA I.D. NUMBER

FWI 560010035

**LABEL ITEMS**

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

**GENERAL INSTRUCTIONS**

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)			
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)			
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)			
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			

**III. NAME OF FACILITY**

1 SKIP COMMERCE INDUSTRIAL CHEMICALS, INC.

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)		
2	MICHALSKI, DONALD, PRESIDENT	414	353	3630

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	5611 WEST WOOLWORTH AVENUE	4	MILWAUKEE	WI	53218

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	5611 WEST WOOLWORTH AVENUE	6	MILWAUKEE	6	MILWAUKEE	WI	53218	

CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit; in order of priority)

A. FIRST										B. SECOND									
C	7	2	8	6	9	(specify)	C	7	2	8	1	6	(specify)						
15	16	17	18	19	Industrial Organic Chemicals	15	16	17	18	19	Inorganic Pigments								
C. THIRD										D. FOURTH									
C	7					(specify)	C	7					(specify)						
15	16	17	18	19		15	16	17	18	19									

## VIII. OPERATOR INFORMATION

A. NAME																									B. Is the name listed in Item VIII-A also the owner?				
C	8	D	O	N	A	L	D	M	I	C	H	A	L	S	K	I											66	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
15	16																								55	66			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																				D. PHONE (area code & no.)									
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify)					C A 4 1 4 7 7 4 8 5 8 0				

E. STREET OR P.O. BOX																																			
26	7	0	3	3	W	E	S	T	W	E	L	L	S	S	T	R	E	E	T																
15	16																								55										
F. CITY OR TOWN															G. STATE					H. ZIP CODE					IX. INDIAN LAND										
C	B	W	A	U	W	A	T	O	S	A	W					I	5					3	2	1	3	Is the facility located on Indian lands?									
15	16											40	A1	A2	47	-	51						52	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
C	9	N								C	9	P							
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
C	9	U								C	9								
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
C	9	R								C	9								
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

We are a non-manufacturing distributor of the above listed industrial organic chemicals and inorganic pigments.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED														
Donald J. Michalski - President																														11/14/80														

## COMMENTS FOR OFFICIAL USE ONLY

C																									
15	16																								55



FORM 3 EPA HAZARDOUS WASTE PERMIT APPLICATION  
Consolidated Permits Program  
(This information is required under Section 3005 of RCRA.)

EPA I.D. NUMBER  
W 1 7 5 6 0 0 1 0 0 3 5

OR OFFICIAL USE ONLY

APPLICATION APPROVED DATE RECEIVED (yr., mo., & day) COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate data)

1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)  
2. NEW FACILITY (Complete item below.)  
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)  
FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

1. FACILITY HAS INTERIM STATUS  
2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided: Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP

LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)				1. AMOUNT	
X-1	S 0 2	600		5			
X-2	T 0 3	20		6			
	S 0 1	40,000		7			
2	S 0 2	6,000		8			
3				9			
4				10			

**III. PROCESSES** *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

A. **EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

<b>ENGLISH UNIT OF MEASURE</b>	<b>CODE</b>	<b>METRIC UNIT OF MEASURE</b>	<b>CODE</b>
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV** (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



Continued from page 2.

NOTE: Photocopy this page before completing. You have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
<div style="display: flex; justify-content: space-between;"> <span>1 2 3 4 5 6 7 8 9 10</span> <span>11 12 13 14 15 16 17 18 19 20</span> </div>										<div style="display: flex; justify-content: space-between;"> <span>21 22 23 24 25 26 27 28 29 30</span> <span>31 32 33 34 35 36 37 38 39 40</span> </div>									
										<div style="display: flex; justify-content: space-between;"> <span>41 42 43 44 45 46 47 48 49 50</span> <span>51 52 53 54 55 56 57 58 59 60</span> </div>									
										<div style="display: flex; justify-content: space-between;"> <span>61 62 63 64 65 66 67 68 69 70</span> <span>71 72 73 74 75 76 77 78 79 80</span> </div>									
										<div style="display: flex; justify-content: space-between;"> <span>81 82 83 84 85 86 87 88 89 90</span> <span>91 92 93 94 95 96 97 98 99 100</span> </div>									
										<div style="display: flex; justify-content: space-between;"> <span>101 102 103 104 105 106 107 108 109 110</span> <span>111 112 113 114 115 116 117 118 119 120</span> </div>									
										<div style="display: flex; justify-content: space-between;"> <span>121 122 123 124 125 126 127 128 129 130</span> <span>131 132 133 134 135 136 137 138 139 140</span> </div>									
										<div style="display: flex; justify-content: space-between;"> <span>141 142 143 144 145 146 147 148 149 150</span> <span>151 152 153 154 155 156 157 158 159 160</span> </div>									
										<div style="display: flex; justify-content: space-between;"> <span>161 162 163 164 165 166 167 168 169 170</span> <span>171 172 173 174 175 176 177 178 179 180</span> </div>									
										<div style="display: flex; justify-content: space-between;"> <span>181 182 183 184 185 186 187 188 189 190</span> <span>191 192 193 194 195 196 197 198 199 200</span> </div>									
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										<div style="display: flex; justify-content: space-between;"> <span>221 222 223 224 225 226 227 228 229 230</span> <span>231 232 233 234 235 236 237 238 239 240</span> </div>									
										<div style="display: flex; justify-content: space-between;"> <span>241 242 243 244 245 246 247 248 249 250</span> <span>251 252 253 254 255 256 257 258 259 260</span> </div>									
										<div style="display: flex; justify-content: space-between;"> <span>261 262 263 264 265 266 267 268 269 270</span> <span>271 272 273 274 275 276 277 278 279 280</span> </div>									
										<div style="display: flex; justify-content: space-between;"> <span>281 282 283 284 285 286 287 288 289 290</span> <span>291 292 293 294 295 296 297 298 299 300</span> </div>									
										<div style="display: flex; justify-content: space-between;"> <span>301 302 303 304 305 306 307 308 309 310</span> <span>311 312 313 314 315 316 317 318 319 320</span> </div>									
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										<div style="display: flex; justify-content: space-between;"> <span>1281 1282 1283 1284 1285 1286 1287 1288 1289 1290</span> <span>1291 1292 1293 1294 1295 1296 1297 1298 1299 1300</span> </div>									
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										<div style="display: flex; justify-content: space-between;"> <span>1641 1642 1643 1644 1645 1646 1647 1648 1649 1650</span> <span>1651 1652 1653 1654 1655 1656 1657 1658 1659 1660</span> </div>									
										<div style="display: flex; justify-content: space-between;"> <span>1661 1662 1663 1664 1665 1666 1667 1668 1669 1670</span> <span>1671 1672 1673 1674 1675 1676 1677 1678 1679 1680</span> </div>									
										<div style="display: flex; justify-content: space-between;"> <span>1681 1682 1683 1684 1685 1686 1687 1688 1689 1690</span> <span>1691 1692 1693 1694 1695 1696 1697 1698 1699 1700</span> </div>									
										<div style="display: flex; justify-content: space-between;"> <span>1701 1702 1703 1704 1705 1706 1707 1708 1709 1710</span> <span>1711 1712 1713 1714 1715 171</span></div>									

EPA I.D. NO. (enter from page 1)

[illegible]

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

## LATITUDE (degrees, minutes, &amp; seconds)

8	8	5	8	1	5
65	66	67	68	69	71

LONGITUDE (degrees, minutes, &amp; seconds)

	4	3		0	8		0	0	
72	-	74		75	76		77	-	79

**XXA.** If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.


B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER2. PHONE NO. (area code & no.)

E																								
15	16													55	56	57	58	59	60	61	62	63	64	65

3. STREET OR P.O. BOX										4. CITY OR TOWN						5. ST.		6. ZIP CODE			
C F										C G											
01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Donald J. Michalski		11/14/80

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED